HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)
Okamoto, Duane Kenneth	Deputy Director
	TERM OF OFFICE (Begin/End): 04/01/05 / 12/31/06

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED		
F	Okamoto Consulting Group, Inc. 2121 Lanihuli Drive, Honolulu, HI 96822	С	Consulting services		
F	Department of Agriculture 1428 S. King Street, Honolulu, HI 96814	E	Administrative		
SP	Department of Prosecuting Attorney 1060 Richards Street, Honolulu, HI 96813	Е	Attorney services		
DC	Carlsmith Ball 1001 Bishop Street, Honolulu, HI 96813	B Office Clerk			
[]Check her	[]Check here if entry is None []Check here if additional sheets are attached				

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES	
F	Okamoto Consulting Group, Inc. 2121 Lanihuli Drive Honolulu, HI 96822	Management	Owner	В	
F	Vanguard Group P.O. Box 13750 Philadelphia, PA 19101	Mutual Fund	Shares	В	
DC	DOMO, Inc. 2121 Lanihuli Drive Honolulu, HI 96822	Data Entry & Analysis	Co-owner	A	
[]Check here if entry is None [√]Check here if additional sheets are attached					

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

[√]Che	[Check here if entry is None [] Check here if additional sheets are attached			
F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER		

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING	
SP	U.S. Department of Education P.O. Box 5609, Greenville, TX 75403-5609	С	В	
JT	CUSO of Hawaii 2200 Kamehameha Hwy., Ste. 212 Honolulu, HI 96819	н	н	
F	Hawaii State FCU P.O. Box 3072, Honolulu, HI 96802	С	С	
[]Check here if entry is None []Check here if additional sheets are attached				

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

[:	Okamoto Consulting Group, Inc. 2121 Lanihuli Drive	President/	Indefinite	В
	Honolulu, HI 96822	Treasurer		
:	Okamoto Consulting Group, Inc. 2121 Lanihuli Dr. Honolulu, HI 96822	Vice-President/ Secretary	Indefinite	A
	DOMO, Inc. 2121 Lanihuli Drive Honolulu, HI 96822	Vice-President	Indefinite	A

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests i	in real prop	perty in or	outside of the S	itate held d	during the discl	osure period,	if the interest	has a value o	f \$10,000 or more
Real property	that is you	ır personal	I residence or the	ne persona	I residence of	your spouse of	or dependent	children need	not be listed.

		ise of your operator of deportation of	mar or, noc	a not be noted.		
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF MAP KEY NUMBER EXISTS)		VALUE		
[√]Chec	k here if entry is None			sheets are attached		
List intere	ITEM 7: INTERESTS IN REAL PROPERTY ACQ sts in real property in or outside of the State acquired duri	ng the disclosure period, if the intere	est has a v	alue of \$10,000 or		
	al property that is your personal residence or the personal					
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	RECEIV	OF PERSON ING THE DERATION		
	<u> </u>		<u> </u>			
	ck here if entry is None TEM 8: INTERESTS IN REAL PROPERTY TRANS			sheets are attached		
List intere	ests in real property in or outside of the State transferred di Real property that was your personal residence or the per	uring the disclosure period, if the int	erest has a	a value of \$10,000		
F,SP,	STREET ADDRESS AND TAX MAP KEY	AMOUNT & NATURE OF		F PERSON		
DC,JT	NUMBER (IF TAX MAP KEY NUMBER EXISTS)	CONSIDERATION RECEIVED		HING THE ERATION		
[√]Che	[√]Check here if entry is None []Check here if additional sheets are attached					

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
	ł
[√]Check here if entry is None	[]Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			STATE OF HAWAII STATE ETHICS COMMISSION	
[√]Check he	re if entry is None	[]Check	here if additional sheets	are attache

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Duane alumb

DATE

SIGNATURE

Okamoto, Duane Kenneth Attachment

ITEM 2:

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
DC	American Funds P.O. Box 25065 Santa Ana, CA 92799	Mutual Fund	Shares	D
DC	Fidelity Investments P.O. Box 770001 Cincinnati, OH 45277	Mutual Fund	Shares	В
DC	Putnam Investments P.O. Box 41203 Providence, RI 02940	Mutual Fund	Shares	С

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